

# CACFP Time and Task Form for Centers

**INSTRUCTIONS:** This form must be completed for staff performing Child and Adult Care Food Program (CACFP) duties if any CACFP funds are used for wages. For each day worked enter the start time, end time and the total hours worked for the day. Indicate the number of CACFP hours worked on food service, administration, and total CACFP hours. Examples of CACFP duties include, but are not limited to: menu planning, grocery shopping, cooking and serving meals, clean-up after meals, processing Enrollment & Income Eligibility Forms, consolidating meal attendance, etc.

Employee Name (please print legibly) \_\_\_\_\_ Month/Year \_\_\_\_\_

Date	TOTAL HOURS WORKED			CACFP HOURS WORKED			Date	TOTAL HOURS WORKED			CACFP HOURS WORKED			
	Start Time	End Time	Total Hours Worked	Food Service	CACFP Admin	Total CACFP Hours		Start Time	End Time	Total Hours Worked	Food Service	CACFP Admin	Total CACFP Hours	
1							17							
2							18							
3							19							
4							20							
5							21							
6							22							
7							23							
8							24							
9							25							
10							26							
11							27							
12							28							
13							29							
14							30							
15							31							
16														
<b>TOTAL</b>											<b>TOTAL</b>			

I certify that this is an accurate record of the number of hours worked on the Child and Adult Care Food Program.

\_\_\_\_\_  
Employee's Signature \_\_\_\_\_ Date

**SUPERVISOR COMPLETE (A) OR (B), SIGN, AND DATE**

**A. HOURLY PAID STAFF**

Total hours worked on CACFP \_\_\_\_\_ X \$ \_\_\_\_\_ (hourly wage) = \$ \_\_\_\_\_ (Total CACFP salary)

**B. SALARIED STAFF**

Total hours worked on CACFP \_\_\_\_\_ ÷ total hours worked \_\_\_\_\_ = \_\_\_\_\_ %

Total salary for month \$ \_\_\_\_\_ X \_\_\_\_\_ % = \$ \_\_\_\_\_ (Total CACFP Salary)

**FRINGE BENEFITS** \$ \_\_\_\_\_ Describe \_\_\_\_\_

I certify that payroll records are on file that verify the total wages are as listed above.

\_\_\_\_\_  
Supervisor's Signature \_\_\_\_\_ Date